

DIRECTED DONATION ORDER FORM



PLEASE PRINT OR TYPE ENTIRE FORM

*Apply the recipient's demographic information label in this space, **OR** attach demographic information sheet to the form.*

Today's Date: _____

RECIPIENT INFORMATION

Instructions: Document the patient's **COMPLETE** legal name, birth date, gender, and blood type in the appropriate fields below.

Last	First	Middle	Birth Date / /
Gender (circle one) Male / Female	ABO Group/Rh Type (REQUIRED)		

PRODUCT INFORMATION

Instructions: Indicate the number of units requested next to the product. If 0, leave blank.

_____ Whole Blood (If directed donors are whole blood incompatible, are red blood cells acceptable? Yes _____ No _____)	_____ Fresh Frozen Plasma
_____ Red Blood Cells	_____ Cryoprecipitated AHF
_____ Apheresis Platelets (Equivalent to 6-8 single platelets)	

DIVIDED PRODUCTS FOR PEDIATRIC USE

Instructions: Place a check mark next to the desired quantity. If adult doses are desired, please order above.

RBC-Divided	FFP-Divided
_____ 3 units approximately 70 mL each	_____ 6 units approximately 40 mL each
_____ 7 units approximately 30 mL each	
_____ 9 units approximately 20 mL each	

SPECIAL PRODUCT NEEDS

Instructions: Place a check mark to indicate CMV-negative and irradiation requirements in the appropriate fields below.

CMV-Negative? _____ Yes _____ No _____ N/A	Irradiate? _____ Yes _____ No _____ N/A
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ALL DIRECTED PRODUCTS ARE LEUKOCYTE REDUCED.

INSTITUTIONAL INFORMATION

Instructions: Document the name of the hospital where the product(s) are to be sent and the date needed by. Indicate if products will be needed on an ongoing basis or if no other products will be needed. Document the name of procedure or diagnosis.

Hospital	Date Needed / /
Standing Order? (circle one) Yes No	Procedure/Diagnosis

ORDERING PHYSICIAN INFORMATION

Instructions: Document the name of the ordering physician, the name of the person to contact for concerns/questions as it relates to this order, and the phone number where they may be reached.

Physician Name	
Office Contact Name	Office Phone Number () -

TO ARRANGE FOR DONATIONS

The fastest method of ordering is via fax at (414) 933-6833 or email to SPSAlerts@bcw.edu. We can be reached by phone at (414) 937-6188 or 1-800-525-1388 (toll free).

TO OBTAIN NEW FORMS

Additional forms may be obtained by visiting the VERSITI website: www.versiti.org → **Medical Professionals** → **Specialty Products & Services** → **BloodCenter of Wisconsin** → **Autologous & Directed Blood Donations** → **Directed Donation Order Form**